

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Patrick Lynn, Chief of Police (954) 693-8320

PREPARED BY: Angela Rodgers, Davie Police Department

SUBJECT: Resolution

AFFECTED DISTRICT: Townwide

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE EXPENDITURE OF \$33,450.00 FOR THE PURCHASE OF AN INTERACTIVE TRAINING SIMULATOR FROM SOLE SOURCE VENDOR FAAC INCORPORATED D/B/A IES INTERACTIVE TRAINING.

REPORT IN BRIEF: The Davie Police Department is requesting approval from Town Council to purchase an interactive training simulator from FAAC Incorporated d/b/a IES Interactive Training. This equipment is an upgrade from the Police Department's current range simulator and will provide the Department better scenario-based training and will enhance decision making capabilities in potential lethal confrontations.

This training simulator allows for an expansion in the Police Department's current scenario based training and is adaptable by varying degrees of situations that can be adjusted for specific needs and environmental training conditions of the Department. The simulator also records and analyzes the officer's interaction with the equipment and provides feedback to the Training Unit for development of the officer's skills.

FAAC Incorporated d/b/a IES Interactive Training is a sole source vendor of the MILO Interactive Training Simulator.

PREVIOUS ACTIONS:

CONCURRENCES:

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: \$33,450.00

Account Name: Davie Police Department Impact Fees (Itemized as FATS)
030-3505-521-6106

RECOMMENDATION(S): Motion to approve resolution

Attachment(s):

Resolution
Sole Source Memo
Quotation
Vendor/Bidder Disclosure Forms
Corporation Documents

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE EXPENDITURE OF \$33,450.00 FOR THE PURCHASE OF AN INTERACTIVE TRAINING SIMULATOR FROM SOLE SOURCE VENDOR FAAC INCORPORATED D/B/A IES INTERACTIVE TRAINING.

WHEREAS, the Davie Police Department is requesting to purchase an interactive training simulator; and

WHEREAS, the Police Department will use this equipment to enhance police decision making capabilities through the use of scenario-based training; and

WHEREAS, FAAC Incorporated d/b/a IES Interactive Training is sole source provider of the MILO Interactive Training Simulator; and

WHEREAS, after review, Town Council wishes to approve the expenditure of \$33,450.00 for the purchase of the MILO Interactive Training Simulator.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby authorizes the expenditure of the MILO Interactive Training Simulator from sole source vendor FAAC Incorporated d/b/a IES Interactive Training.

SECTION 2. The Town Council hereby authorizes the expenditure in the amount of \$33,450.00 from the Department Davie Police Department Impact Fees (Itemized as FATS) 030-3505-521-6106.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2008

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2008



DAVIE POLICE DEPARTMENT

Memorandum
From the Desk of
Lt. W.K. Boulier



TO: Capt. J. Carney
DATE: September 25, 2007
THRU: N/A
REF: IES (MILO system)

The demands for interactive training have risen greatly over that last decade. This type of training in the area of shoot/don't shoot is invaluable to police officers. The ability to offer this type of training can reduce costs and liability. As you are aware, this agency purchased an interactive system called the Range 2000 nearly 8 years ago from IES. This product has proven to be a reliable tool for this type of training. The technology has changed and the Range 2000 by IES is outdated and antiquated. IES has a new generation of interactive training systems, which is known as MILO (Interactive Training Simulator). This new system is intergraded with updated software and technology. These new advancements would be beneficial to our officers in the area of decision making. This type of training is cost effective and user friendly. Your consideration on this matter would be greatly appreciated. Attached to this memo, you will find a W-9 and contract for the purchase of a MILO system from IES. You will see that the contract is written in such a way that we would trade our Range 2000 in and receive a \$15,000 credit towards a MILO system.



Agreement No. 4398

SALES AGREEMENT

This Agreement is executed on Tuesday, September 25, 2007 by and between:

IES Interactive Training
1229 Oak Valley Drive
Ann Arbor, Michigan 48108

Hereinafter known as "IES"

AND

Davie Police Department
1230 S. Nob Hill Rd.
Davie, Florida 33325

Hereinafter known as "Buyer"

Whereas, IES manufactures and markets for sale the MILO interactive training products, and licenses for use in connection therewith systems software and application software either owned by IES or licensed to IES by third parties, and

Whereas, IES is willing to furnish to Buyer, and Buyer is willing to accept from IES such hardware and software upon payment to IES of the amounts set forth below;

Now, therefore, in consideration of these premises, the parties agree to complete the transaction of the items listed below in-lieu of, or in addendum to, a purchase order from the Buyer:

| Product Description | Quantity | Unit Price | Subtotal |
|-----------------------------|----------|-------------------------|------------------|
| MILO Range Pro | 1 | 47,950.00 | 47,950.00 |
| Ceiling Mount for Range Pro | 1 | 500.00 | 500.00 |
| Additional Items | | | |
| Range 2000 Trade-In | 1 | <15,000> | <15,000> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Subtotal | 33,450.00 |
| | | Sales Tax | - |
| | | Total Amount Due | 33,450.00 |



Agreement No. 4398

Payment Terms

Payment Terms for the above Total Amount Due are: **NET 30**

Delivery Schedule

Estimated Delivery Schedule is: **4-6 Weeks ARO**

Shipping Address (Buyer, please enter the shipping address below)

Billing Address (if different than shipping address)

POC Information

Name: Lt. Wayne Boulter Email: Wayne.Boulter@Davie-Fl.gov

Phone: (954) 693-8251 Fax: () _____

Sale of the above listed items is made in accordance with the terms contained in the following attachments:

Attachment 1: MILO Range Pro System Quote

Entire Agreement. This agreement, including the attachments listed above, is intended by these parties as a final expression of their agreement and as a complete and exclusive statement of its terms. No representations, understandings or agreements have been made or relied upon in the making of this Agreement other than those specifically set forth herein. This Agreement can only be modified in writing signed by the parties or their duly authorized agents.

ACCEPTED BY:

IES Interactive Training

Davie Police Department

Signature:

Name:

Title:

Date:

**Town of Davie
Vendor/Bidder Disclosure**

I, Kurt Flosky, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: FAAC Incorporated
dba IES Interactive Training

Address: 1229 Oak Valley Drive
Ann Arbor, MI 48108

FEIN 38-2690218

State and date of incorporation Michigan, 1/1/1963

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

| Full Legal Name | Address | Ownership |
|---------------------------|---------|-----------|
| Publicly Held Corporation | | % |
| | | % |
| | | % |
| | | % |

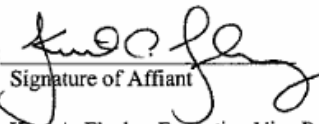
2. The full legal names and business addresses of any other individual (other than subcontractors, material men, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

None

By:




Signature of Affiant

Kurt A. Flosky, Executive Vice President

Print Name

Date: 12/21/07

SUBSCRIBED AND SWORN TO or affirmed before me this 21st day of DECEMBER 2007, by KURT FLOSKY, he/she is personally known to me or has presented _____ as identification.


Notary Public, State of Michigan at Large, MICHIGAN
DEBORAH SUE BECKER-FULLER
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF WASHTENAW
My Commission Expires May 12, 2012
Adding in the County of _____ to the State of Michigan
Print or Stamp of Notary

Serial Number _____

My Commission Expires : May 12, 2012

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2

| | |
|--|---|
| Name (as shown on your income tax return) FAAC Incorporated | |
| Business name, if different from above FAAC Incorporated dba IES Interactive Training | |
| Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | <input checked="" type="checkbox"/> Exempt from backup withholding |
| Address (number, street, and apt. or suite no.) 1229 Oak Valley Drive | |
| City, state, and ZIP code Ann Arbor, MI 48108 | |
| List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 5. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | |
| | | | | | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| 3 | 8 | 2 | 6 | 0 | 0 | 2 | 1 | 8 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ *Amanda Hoeft*

Date ▶ *9/24/07*

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
PROFIT CORPORATION INFORMATION UPDATE

2007

FILED

Due May 15, 2007

| | | |
|--|---------------------------------------|-------------|
| Identification Number 343915 | Corporation name FAAC INCORPORATED | APR 24 2007 |
| Resident agent name and mailing address of the registered office DEAN KRUTTY 1229 OAK VALLEY DR ANN ARBOR MI 48108 | | |
| <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR -2 2007</p> <p style="text-align: center;">DLEG \$25.00</p> | | |
| The address of the registered office 1229 OAK VALLEY DR ANN ARBOR MI 48108 | | |

☐ To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete Items 1-6. If only officer and director information has changed complete Items 4-6.

| | |
|--|-------------------|
| 1. Mailing address of registered office in Michigan (may be a P.O. Box) | 2. Resident Agent |
| 3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office) | |

| |
|--|
| 4. Describe the general nature and kind of business in which the corporation is engaged: SIMULATION PRODUCTS & SERVICES |
|--|

| 5. | NAME | BUSINESS OR RESIDENCE ADDRESS |
|---|--|--|
| If different than President | President (Required) DEAN M. KRUTTY | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| | Secretary (Required) YAAKOV HAR-OZ | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| | Treasurer (Required) THOMAS J. PAUP | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| | Vice - President KURT A. FLOSKY | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| If different than Officers | Director JAY M. EASTMAN | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| | Director LAWRENCE M. MILLER | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| | Director JACK E. ROSENFELD | 1229 OAK VALLEY DRIVE, ANN ARBOR, MI 48108 |
| 6. Signature of authorized officer or agent | | Title PRESIDENT |
| | | Date 3/23/07 |
| | | Phone (Optional) 734 961 5836 |

Report due May 15, 2007

Filing fee \$25

Late Penalty: \$50 in addition to filing fee if received by Agency after September 30, 2007.

Please make your check or money order payable to the State of Michigan.

Return to: Michigan Department of Labor & Economic Growth
Bureau of Commercial Services, Corporation Division
P.O. Box 30481
Lansing, MI 48909
(517) 241-6470

If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 284, Public Acts of 1972, as amended.

Michigan Department of Labor & Economic Growth

Filing Endorsement

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

FAAC INCORPORATED

ID NUMBER: 343915

to transact business under the assumed name of

IES INTERACTIVE TRAINING

received by facsimile transmission on May 1, 2007 is hereby endorsed

Filed on May 1, 2007 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2012



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 1ST day of May, 2007.

, Director

Bureau of Commercial Services

